

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010609

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43Primary Registration District No. 3007Registrar's No. 1481

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59612821140

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125-0131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 43Primary Registration District No. 3007Registrar's No. 1481

STATE FILE NUMBER

FILED APR 9 1963

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN Poplar Bluff

Length of stay, in 1b

25 Days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

VA. Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Wright

c. CITY

OR

TOWN Norwood, Mo.

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

General Delivery

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

FRED

Middle

EARL

Last

FURBY

4. DATE

Month

Day

Year

March

30

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-1-92

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Gen. Laborer

11. BIRTHPLACE (City and state or country)

Norwood, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Syras Furby

13b. MOTHER'S MAIDEN NAME

Valley Conrow

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, or unknown) (If yes, give war or dates)

Yes ☒ No ☐ WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA. Hospital Records, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

SHOCK

INTERVAL BETWEEN

ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

BLEEDING DUODENAL ULCER

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

Yes ☒ No ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. VA attended the deceased from 3-5-63to 3-30-63

and last seen alive on

Death occurred at 4:35PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

FRED GATHER, M.D. Active Pathologist

22b. ADDRESS

VA Hospital Poplar Bluff, Mo.

22c. DATE SIGNED

3-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-2-63

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

Poplar Bluff, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Frank-Cottrell, Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG.

4-4-1963

26. REGISTRAR'S SIGNATURE

Shelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Charles E. Mungle*

Licensed Embalmer No.

*4877*

P. O. Address

*Poplar Bluff, MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.